

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00490375       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>Pacific News Service dba New America Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>24</div><div>2016</div></div>	
Mailing Address 209 9th St Suite 200		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90599.48</div>	
City San Francisco	State CA	Zip Code 94103	Transaction ID : <b>D734829</b>
Purpose of Expenditure Ad	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>11</div><div>2016</div></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

91431.23

Full Name of Payee <b>UPTC UCLA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>24</div><div>2016</div></div>	
Mailing Address 1015 Gayley Ave Suite 301		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150.00</div>	
City Los Angeles	State CA	Zip Code 91506	Transaction ID : <b>D735531</b>
Purpose of Expenditure Site Rental	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>05</div><div>13</div><div>2016</div></div>	
Name of Federal Candidate Bernie Sanders		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

91431.23

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">90749.48</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

 MM / DD / YYYY  

05

25

2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 20 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>411.75</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D735528</b>
Purpose of Expenditure Payroll	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 24 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>91431.23</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 21 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>40.50</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D735529</b>
Purpose of Expenditure Payroll	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 24 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>91431.23</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>452.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Martha Kuhl

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Date

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**05 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Nurses United for Patient Protection</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490375	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>National Nurses United</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 22 / 2016</b>	
Mailing Address <b>155 Grand Avenue</b>		Amount <b>229.50</b>	
City <b>Oakland</b>	State <b>CA</b>	Zip Code <b>94612</b>	Transaction ID : <b>D735530</b>
Purpose of Expenditure Payroll	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 24 / 2016</b>	
Name of Federal Candidate <b>Bernie Sanders</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>91431.23</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>229.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>91431.23</b>

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Martha Kuhl

[Electronically Filed]

Date

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**05 / 25 / 2016**

Signature